

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

| | |
|---------------------------|----------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>4</u> | |
| For Official Use Only | |

| | |
|--|--|
| Statement covers period from <u>01/01/2018</u> through <u>06/30/2018</u> | Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

25 JUL 2018 PM 2:44
CITY CLERK'S OFFICE

3. Committee Information

I.D. NUMBER
1342332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Patino for Mayor 2020

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Dr.

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

2151 S. College Dr., Ste. 101

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-24-2018

Date

Executed on 7-24-2018

Date

Executed on _____

Date

Executed on _____

Date

By Tom Martinez

Signature of Treasurer or Assistant Treasurer

By Alvin M. Patino

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

www.netfile.com

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

| | | | |
|--|-------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
| Alice Patino | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | |
| Mayor | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| 2624 Airpark Drive | Santa Maria | CA | 93455 |

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| | | | |
|-------------------|------------------------------|-----------------------------|-----------------|
| COMMITTEE NAME | I.D. NUMBER | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

| | |
|---|---|
| NAME OF BALLOT MEASURE | |
| BALLOT NO. OR LETTER | JURISDICTION |
| | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. | |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|-----------------------------|-------------------------|---------------------|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period | CALIFORNIA FORM 460 |
| NAME OF FILER | from 01/01/2018 | |
| Patino for Mayor 2020 | through 06/30/2018 | Page 3 of 4 |
| | | I.D. NUMBER 1342332 |

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 0.00 | \$ 0.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 0.00 | \$ 0.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 0.00 | \$ 0.00 |

Expenditures Made

| | | |
|---|-----------|-----------|
| 6. Payments Made Schedule E, Line 4 | \$ 300.00 | \$ 300.00 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 300.00 | \$ 300.00 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 300.00 | \$ 300.00 |

Current Cash Statement

| | |
|---|-------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 6,979.57 |
| 13. Cash Receipts Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 300.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6,679.57 |
| If this is a termination statement, Line 16 must be zero. | |

LOAN GUARANTEES RECEIVED

| | |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 |
|---|---------|

Cash Equivalents and Outstanding Debts

| | |
|---|---------|
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 0.00 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Total to Date |
| Date of Election (mm/dd/yy) | / / |
| | \$ |
| | \$ |

*Amounts in this section may be different from amounts reported in Column B.

SCHEDULE E

Statement covers period

CALIFORNIA 460
FORM

from 01/01/2018

through 06/30/2018

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I.D. NUMBER

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RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEI t.v. or cable airtime and production costs

TBC candidate travel lodging and meals

TRB staff/spouse travel, lodging, and meals

TSF transfer between committees of the same

VOT voter registration

WEB information technology costs (internet e-

DESCRIPTION OF PAYMENT

AMOUNT PAID

netfile software renewal

300.00

SUBTOTAL \$

300.00

\$ 300.00

0.00

| | |
|----|------|
| \$ | 0.00 |
| \$ | |

\$ 300.00

FPPC Form 460 (Jan/2016)

66/ASK-FPPC (866/275-3772)

[illegible]